



**Quarterly Contractor Performance Improvement  
Activity Report**

**Quarter 2 Fiscal Year 2008**

## Introduction

The Quarterly Contractor Open Performance Improvement Initiatives Report presents a distribution and analysis of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) contractors' performance on open quality improvement measures. Data is presented by Regional Behavioral Health Authority (RBHA), Geographic Service Area (GSA) and population: Adult and Child. Data for the following measures are presented in this report:

- Access to Care
- Coordination of Care
- Appropriateness of Services
- Sufficiency of Assessments

The following table represents each RBHA's Quarter 2, Fiscal Year 2008 (Q208) performance on these indicators along with statewide results. Please note that due to the methodology used in calculating the Access to Care 23 Day Measure, data for Magellan is representative of ValueOptions and Magellan data and indicated as Maricopa in the table. Q308 will reflect Magellan data only.

RBHA	Access to Care 7 Day		Access to Care 23 Day		Coordination of Care 1 (Referral)		Coordination of Care 2 (Communication)		Appropriateness of Services		Sufficiency of Assessments	
	MPS: 85%		MPS: 85%		MPS: 80%		MPS: 70%		MPS: 85%		MPS: 85%	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
CBH AZ 2	99%	99%	97%	95%	100%	100%	50%	69%	74%	77%	97%	97%
CBH AZ 4	99%	100%	87%	82%	66%	80%	44%	52%	95%	87%	96%	96%
CPSA 3	99%	98%	93%	90%	33%	63%	50%	50%	86%	84%	99%	99%
CPSA 5	98%	98%	88%	74%	33%	7%	43%	60%	92%	81%	99%	99%
Maricopa	88%	92%	84%	86%	62%	47%	NA	55%	90%	86%	86%	86%
NARBHA	97%	96%	86%	88%	80%	67%	50%	76%	96%	83%	97%	97%
Statewide	93%	95%	88%*	84%*	62%*	61%	47%	60%	88%	82%	96%	96%

Highlighted denotes non-compliance

\*Statewide calculation on this measure excludes Maricopa County Data.

## Analysis

### Access to Care

Performance on the Access to Care measure is analyzed on two comprehensive areas of service:

- Access to Care – 7 Day: Measures the percentage of referrals that meet the requirement of appointment availability within 7 days of referral for the total referrals reviewed.
- Access to Care – 23 Day: Measures the percentage of clients that received a mental health service within 23 days of assessment.

**Statewide performance on Access to Care 7 Day measure:**

For both the Child and Adult populations, all T/RBHAs scored above the minimum performance requirement of 85% with the exception of Pascua Yaqui Indian Tribe (see attachments). All scored above the benchmark of 95% except Pascua Yaqui Indian Tribe and Magellan. ADHS/DBHS will meet with Pascua Yaqui to assist them with conducting a root cause analysis to determine why performance decreased for both populations during Q208 as compared to performance for Q108.

**Statewide performance on Access to Care 23 Day measure:**

Reporting of this measure is presented in two parts: (1.) aggregate data for the four quarters of FY07 (July 2006 through June 2007); and (2.) Q108 (July through September 2007).

FY07

Performance for FY07 using refreshed encounter data as of December 31, 2007 shows very little change as compared to performance reported for the same time period in ADHS' Q108 Performance Improvement Activity report.

Children

Statewide performance on Access to Care – 23 Day indicates that the overall score for the Child population fell slightly below the minimum performance score of 85% at 84.75%. This is attributed to CBH AZ 4 that scored 80% and Maricopa County that scored 81%.

Adults

The overall score for the Adult population exceeded the minimum performance score of 85% at 89.8%. However, CPSA 5 only slightly improved as compared to the last assessment of its performance for FY07, continuing to fall below the minimum required performance score.

ADHS will report a final assessment of this measure for FY07 next quarter, once the Annual Summary of encounters is calculated on March 1, 2008. Please refer to the corrective actions ADHS intends to take with CBH AZ and CPSA reported under Q108 performance.

Q108Children

Statewide performance indicates an overall score of 88%, above the minimum performance score of 85% compliance. All RBHAs with the exception of Maricopa County contractors ValueOptions and Magellan performed above the minimum requirement of 85%. It must be noted that the assessment of Q108 performance stated in this report for Maricopa County is greatly compromised by inherent data gathering limitations that occur for Q108 because the contracted RBHA changed from ValueOptions to Magellan mid-quarter. Data limitations prevent calculation of compliance rates specific to either of the Maricopa County contractors for Q108. Enrollment numbers for Maricopa County as stated on the attached spreadsheet represent

total enrollments rather than only new enrollments that occurred during Q1. Assessment and follow-up service encounter data is combined for the two contracted entities for Q108. This skews the percentage of Q108 usable enrollments as well as the percentage receiving services within 23 days for Maricopa County during Q1. Maricopa County data has been excluded from the calculation of statewide performance on this measure

Performance on the Access to Care 23 Day measure is calculated on cumulative performance for the current reporting quarter and rerun of the previous three quarters to capture updated encounter submissions. The one month of performance data (September 2007) submitted by Magellan for Q108 cannot be broken out from the total quarter's submissions for Maricopa County. The previous two quarters (Q3-4 FY07) were under the contract of ValueOptions. Therefore, Magellan's Q208 performance that will be reported in April 2008 will be based on performance for that quarter only.

### Adults

The overall score for the Adult population was slightly below the minimum requirement of 85%, with a statewide average of 84.49%. CBH AZ 4 fell short of the minimum performance score at 82% and CPSA 5 was non-compliant at 74%. Data limitations related to reporting of ValueOptions and Magellan-specific performance as stated above applies to the Adult population as well.

ADHS plans to meet with CBH AZ to review its most recent performance improvement strategies for this measure. Protocols are currently being established whereby ADHS will conduct on-site provider visits to fully examine processes that are in place at the provider and RBHA levels as related to this measure. Concurrently, ADHS is sanctioning CBH AZ in the amount of \$20,000 for continued non-compliance with this measure as recommended by the ADHS/DBHS Sanction Committee.

ADHS will conduct on-site visits with CPSA 5 providers previously identified as being non-compliant with providing ongoing services within 23 days of initial assessment. ADHS is sanctioning CPSA in the amount of \$80,000 for continued non-compliance for Q108 as recommended by the ADHS/DBHS Sanction Committee.

### ***Coordination of Care***

Performance on the Coordination of Care measure is analyzed on two comprehensive areas of chart documentation:

- Coordination of Care 1 (Referral - COC 1): The disposition of the referral is communicated to the PCP/Health Plan within 30 days of the initial assessment or, if services are declined by the referred person, within 30 days of the referral. COC 1 measures performance on this standard for all new referrals where the referral source is an AHCCCS Health Plan/Provider.
- Coordination of Care 2 (Communication - COC 2): Behavioral health service providers communicate with and attempt to coordinate care with the behavioral health recipient's acute health plan Primary Care Provider (PCP). COC 2 measures performance on this standard for Seriously Mentally Ill (SMI) Adults or any enrolled member with a chronic medical condition diagnosis on Axis III.

### Children

Statewide COC 1 (Referral) performance for children indicates an increase in compliance over Q108 at 62% compared to 50% last quarter. However, performance remains below the minimum performance score of 80%. Of note is that CBH AZ 2 reached 100% compliance this reporting quarter, a 100% increase from Q108, and NARBHA met the minimum performance score of 80%.

Statewide performance on COC 2 (Communication) for children fell below the minimum performance score at 47% compliance, although performance increased over the Q108 statewide score of 43%. Analysis of the distribution of compliance scores does not indicate any one outlier on this measure, as all RBHAs scored well below the minimum performance score of 70%. Of note is that Maricopa County had no qualifying CIS files for this measure in Q208, while Q108 Magellan (Maricopa County) data indicated only 1 Child served by Magellan had a qualifying Axis III diagnosis to qualify for assessment on this measure. To resolve Magellan issues in accurate submission of data to CIS, ADHS/DBHS is communicating with Magellan on a regular basis, including twice weekly conference calls between Magellan IT, ADHS/DBHS IT, Program Support and Quality Management (QM) staff.

### Adults

Statewide COC 1 (Referral) performance for Adults was 61%. While still below the minimum performance score of 80%, the RBHAs increased performance from 46% compliance in Q108. Outliers for this measure can be applied to CPSA 5, while CBH AZ 2 surpassed the minimum performance score at 100% and CBH AZ 4 met the minimum performance score at 80%.

Statewide COC 2 (Communication) performance for Adults reflected a higher rate of compliance than that of Children, at 60% compliance. However, performance decreased this quarter from the Adult statewide score of 72% in Q108. Again, as with the Child scores on this standard, analysis of the distribution of compliance scores does not indicate any one RBHA outlier on this measure. Of note is that NARBHA surpassed the minimum performance score of 70% at 76% compliance.

ADHS/DBHS provides technical assistance to the RBHAs to improve performance and promote education surrounding the documentation requirements of this measure. ADHS/DBHS QM disseminated Q108 results to the RBHAs during the Quarterly QM Coordinators Meeting and mandated all RBHAs submit Corrective Action Plans (CAPS) outlining focused improvement efforts on this measure to ensure interim monitoring of performance. ADHS/DBHS provided feedback and technical assistance to each RBHA on their CAP submission and is requiring CAP updates be included in all future COC deliverables to allow ADHS/DBHS to continuously evaluate and assess the RBHAs' performance on this measure and progress toward meeting CAP goals. ADHS/DBHS streamlined the process by which the RBHAs submit evidence of chart documentation for Q208 and all future measurement periods and will conduct a chart review of 20% of COC samples for each RBHA to validate that both standards of COC are carried out

appropriately. As the majority of RBHA performance on the Coordination of Care measures continues to fall below the minimum performance requirement, ADHS/DBHS QM will present these findings to the ADHS/DBHS QM Committee for its input on strategies that might be implemented to improve performance.

### *Appropriateness of Services*

Measurement of performance on the Appropriateness of Services standard is conducted via chart review and encounter data validation, stratified as follows:

- RBHA
- Adults
- Children

Performance on Appropriateness of Services is measured through charts reviewed during the ADHS/DBHS Administrative Review. ADHS/DBHS reviews 40 charts per RBHA, consisting of 10 records per population: SMI, GMH, SA, and Child. Performance indicated for the Adult population is the aggregated performance for SMI, GMH, and SA. In Q208, ADHS/DBHS QM conducted an encounter review of the Administrative Review sample consisting of over 23,000 encounters to assess if services/encounters submitted reflected an appropriate distribution of services across the covered services continuum to meet the members' needs. The encounter review yielded results indicating the sample for each RBHA received a distribution of Case Management, Medication Services, Peer Support Services, Individual or Group Therapy and Non-Emergency Transportation Services.

In Q308, ADHS QM will conduct a second chart review of the Administrative Review sample, utilizing the member's comprehensive assessment, treatment plan and encounter data as a re-measure on this standard. The sample will exclude 6 charts identified as falling out of the review timeframe or reflective of one crisis service only. Upon completion of the chart review in Q308, ADHS/DBHS QM will mandate any RBHA falling below the Minimum Performance Score on this standard complete a CAP identifying focused improvement interventions to improve performance and member care. ADHS/DBHS QM will share the results of the chart review and submitted CAPS with the ADHS/DBHS Clinical Department to streamline technical assistance and oversight of this measure and gain Clinical input in the process.

### Children

Statewide performance for the Child population exceeded the minimum requirement of 85% at 88% compliance. The encounter review indicated children in this sample received Home Care Training Services, Case Management, Medication Services, Assessment and Individual/Group Therapy as indicated by their identified needs.

### Adults

Statewide performance for Adults was lower than that of Children, at 82%, which is below the 85% minimum performance score. Encounter review indicated Adults in this sample received more Medication Services than did the Child population, but also

received Case Management, Peer Support, Therapy, Assessment and Transportation Services as indicated by their identified needs.

### ***Sufficiency of Assessments***

Measurement of performance on the Sufficiency of Assessments standard is conducted via the ADHS/DBHS Client Information System (CIS) data validation and stratified as follows:

- RBHA
- Adults
- Children

#### Children

Statewide performance on this measure for the Child population exceeded the minimum performance score of 85% at a rate of 96% compliance, an improvement from Q108 performance of 89% compliance. As compared to the 2006 Independent Case Review (ICR), performance this quarter improved from 78.1%.

#### Adults

Statewide performance on this measure for the Adult population also exceeded the minimum performance score at a compliance rate of 96%, an improvement from Q108 performance at 89% compliance. As compared to the 2006 ICR measurement, the RBHAs increased performance from 76.1%.

It should be observed that for Q208 performance by population on this measure, the percentages are the same for Child and Adult. For this reporting quarter, performance as calculated for both populations combined (as indicated for either population) is reliable. It should also be noted that Magellan has been experiencing challenges with submission of demographic data to CIS. This impacted the overall performance for Magellan on this performance measure. ADHS/DBHS and Magellan are communicating to resolve these issues and are currently testing submissions for accuracy and logic.

As part of ongoing assessment and evaluation of system performance on this measure, ADHS/DBHS QM will accompany ADHS/DBHS Finance on their audits of each RBHA and their Providers. ADHS/DBHS QM will complete a chart review of the sample pulled by Finance, comparing the member's comprehensive assessment, service plan and submitted encounters to determine if the assessment was comprehensive and clearly outlined the member's goals and needs; to determine if the goals and needs identified in the assessment are reflected in the service plan; to review service plan interventions to determine if the proposed frequency, duration and intensity of the interventions reflect the member's goals and needs and compare submitted service encounters to the service plan interventions to determine if the member is receiving the services identified on the assessment and service plan.

## Conclusion

The methodology used to assess three of the four performance measures contained in this report is new this contract year. As discussed with AHCCCS over the past year, it is ADHS/DBHS' assertion that RBHA performances on Coordination of Care, Appropriateness of Services, and Sufficiency of Assessments are more accurately assessed through the new methodologies rather than the previously used ICR. Quarterly reporting will reflect more current performance for direct, timely feedback to the RBHAs and the use of data in ADHS/DBHS' Client Information System enables assessment based on a larger client base.

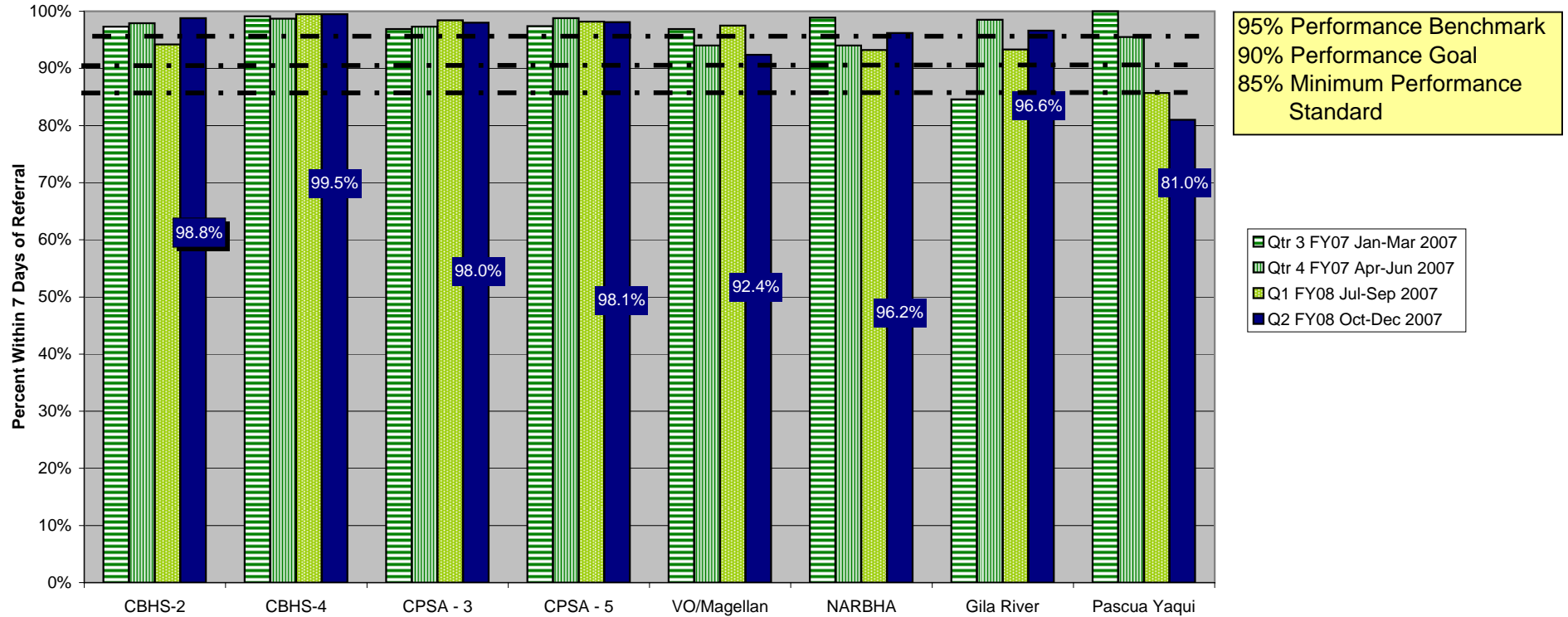
Statewide performance on Access to Care – 7 Day Measure and Sufficiency of Assessments surpassed the minimum performance score for both Adults and Children in Q208, while statewide performance for the Child population on the Appropriateness of Services standard was above the minimum performance score. Although the RBHAs did not meet the minimum performance requirements for COC 1 and COC 2, statewide performance on these measures indicated a steady increase from Q108 performance, indicating technical assistance provided by ADHS/DBHS and focused improvement efforts initiated by the RBHAs contributed to the demonstrable improvement in statewide scores on these standards.

It is ADHS/DBHS' intent to work closely with the RBHAs in providing technical assistance on the new methodologies and ensure their timely response in the implementation of improvement activities indicated by ongoing assessment and evaluation of their performance. Performance data is shared with the RBHAs in quarterly QM Coordinators Meetings and is discussed as standing agenda items in the ADHS/DBHS QM Committee, Children's QM Committee and RBHA team meetings to solicit real time feedback and recommendations to improve performance system wide.



# Routine Appointment for Initial Assessment Within 7 Days of Referral

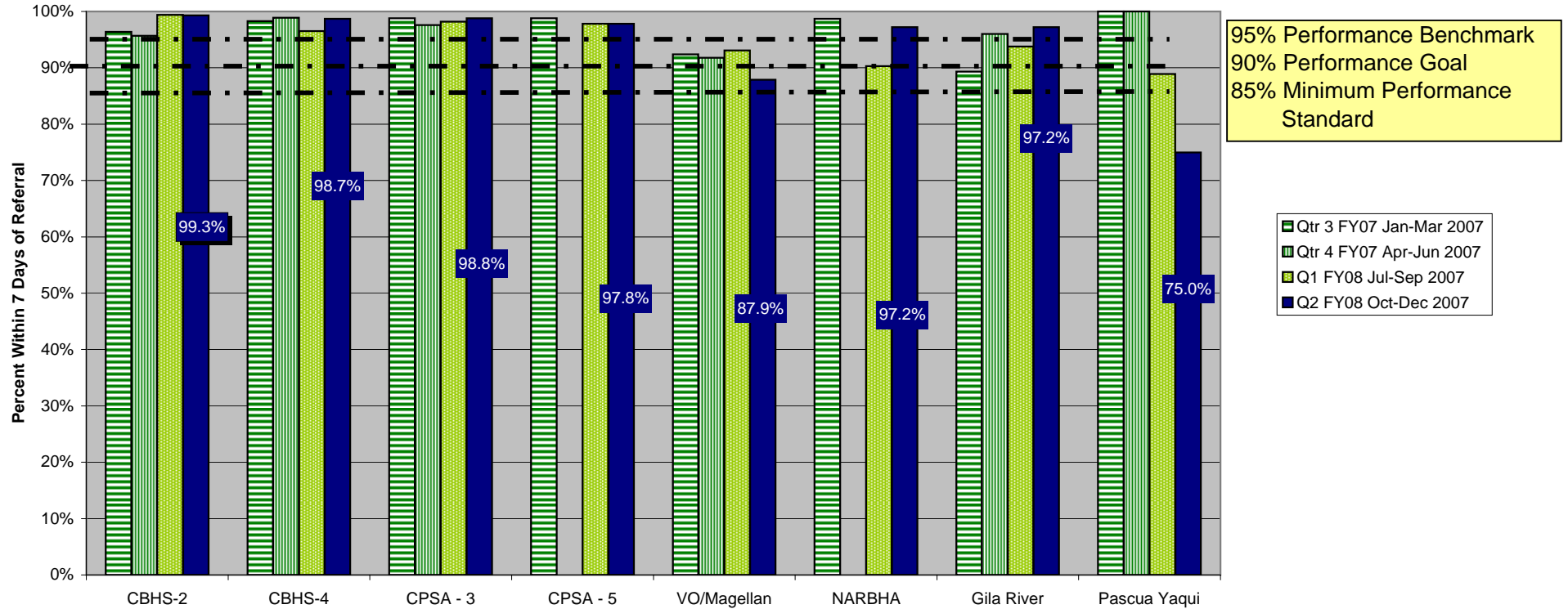
## Adult Referrals - Statewide, Title XIX/XXI Clients, by GSA



Qtr 2 FY08 Oct-Dec 2007	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	Magellan	NARBHA	Gila River	Pascua Yaqui	Statewide
Total Adult Referrals	322	723	396	1,110	5,025	1,519	58	42	9,195
Quarterly Compliance	98.8%	99.5%	98.0%	98.1%	92.4%	96.2%	96.6%	81.0%	94.7%

# Routine Appointment for Initial Assessment Within 7 Days of Referral

## Child Referrals - Statewide, Title XIX/XXI Clients, by GSA



Qtr 2 FY08 Oct-Dec 2007	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	Magellan	NARBHA	Gila River	Pascua Yaqui	Statewide
Total Child Referrals	150	394	256	1,053	2,950	777	71	24	5,675
Quarterly Compliance	99.3%	98.7%	98.8%	97.8%	87.9%	97.2%	97.2%	75.0%	92.6%

## Access to Care / Appointment Availability

### Quarter 1 through Quarter 4 FY2007

Dates of Enrollment Reported for July 1, 2006 - June 30 30, 2007 - Title XIX / XXI Only

#### Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment

##### All Populations (Adult + Child)

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	2,578	2,105	81.65%	1,965	93.35%
CBHS 4	5,033	4,052	80.51%	3,398	83.86%
CPSA 3	3,223	2,786	86.44%	2,565	92.07%
CPSA 5	13,070	9,099	69.62%	7,672	84.32%
NARBHA	8,852	7,389	83.47%	6,573	88.96%
ValueOptions	38,904	27,624	71.01%	24,470	88.58%
<b>TOTALS</b>	<b>71,660</b>	<b>53,055</b>	<b>74.04%</b>	<b>46,643</b>	<b>87.91%</b>

##### Adult Population

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	1,669	1,414	84.72%	1,331	94.13%
CBHS 4	3,168	2,666	84.15%	2,292	85.97%
CPSA 3	2,126	1,808	85.04%	1,624	89.82%
CPSA 5	8,012	4,751	59.30%	3,755	79.04%
NARBHA	6,202	5,168	83.33%	4,660	90.17%
ValueOptions	25,954	17,411	67.08%	16,169	92.87%
<b>TOTALS</b>	<b>47,131</b>	<b>33,218</b>	<b>70.48%</b>	<b>29,831</b>	<b>89.80%</b>

##### Child Population

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	909	691	76.02%	634	91.75%
CBHS 4	1,865	1,386	74.32%	1,106	79.80%
CPSA 3	1,097	978	89.15%	941	96.22%
CPSA 5	5,058	4,348	85.96%	3,917	90.09%
NARBHA	2,650	2,221	83.81%	1,913	86.13%
ValueOptions	12,950	10,213	78.86%	8,301	81.28%
<b>TOTALS</b>	<b>24,529</b>	<b>19,837</b>	<b>80.87%</b>	<b>16,812</b>	<b>84.75%</b>

Data Source: H78 Snap Encounter (12/31/07)

## Access to Care / Appointment Availability

**Quarter 1 FY 2008**

Dates of Enrollment Reported for July 1, 2007 through September 30, 2007 - Title XIX / XXI Only

### Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment

#### All Populations (Adult + Child)

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 35% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	673	542	80.53%	517	95.39%
CBHS 4	1,271	844	66.40%	706	83.65%
CPSA 3	760	611	80.39%	558	91.33%
CPSA 5	3,516	2,215	63.00%	1,777	80.23%
*Maricopa Cnty	49,463	3,742	7.57%	3,174	84.82%
NARBHA	2,429	2,093	86.17%	1,836	87.72%
<b>**TOTALS</b>	<b>8,649</b>	<b>6,305</b>	<b>72.90%</b>	<b>5,394</b>	<b>85.55%</b>

#### Adult Population

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 35% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	467	377	80.73%	357	94.69%
CBHS 4	828	569	68.72%	467	82.07%
CPSA 3	522	412	78.93%	372	90.29%
CPSA 5	2,237	1,182	52.84%	872	73.77%
*Maricopa Cnty	32,929	2,218	6.74%	1,897	85.53%
NARBHA	1,705	1,464	85.87%	1,292	88.25%
<b>**TOTALS</b>	<b>5,759</b>	<b>4,004</b>	<b>69.53%</b>	<b>3,360</b>	<b>83.92%</b>

#### Child Population

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 35% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	206	165	80.10%	160	96.97%
CBHS 4	443	275	62.08%	239	86.91%
CPSA 3	238	199	83.61%	186	93.47%
CPSA 5	1,279	1,033	80.77%	905	87.61%
*Maricopa Cnty	16,534	1,524	9.22%	1,277	83.79%
NARBHA	724	629	86.88%	544	86.49%
<b>**TOTALS</b>	<b>2,890</b>	<b>2,301</b>	<b>79.62%</b>	<b>2,034</b>	<b>88.40%</b>

Data Source: H78 Snap Encounter (12/31/07)

\* Maricopa Cnty-ValueOptions Jul-Aug; Magellan Sept

\*\*Maricopa County is not included in Statewide (Totals) Numbers